

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

FRED SCHULTE

A.

Mailing Address 490 PALM CIRCLE W

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Other

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2014

Transaction ID : SA11AI.7609

Amount of Each Receipt this Period

2600.00

SPECIAL GENERAL

Full Name (Last, First, Middle Initial)

FRANCIS T SCHWERIN

B.

Mailing Address 489 CYPRESS WAY E

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDIO-IMAGING OF NAPLES

Occupation

PHYSICIAN

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Other

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2014

Transaction ID : SA11AI.7527

Amount of Each Receipt this Period

2500.00

SPECIAL GENERAL

Full Name (Last, First, Middle Initial)

MR. FRANK SCHWERIN

C.

Mailing Address PO BOX 8237

City

NAPLES

State

FL

Zip Code

34101

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDIO-IMAGING OF NAPLES, INC

Occupation

PHYSICIAN

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Other

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7528

Amount of Each Receipt this Period

250.00

SPECIAL GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5350.00